

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007108

STATE FILE NUMBER

AMENDED

Registration District No. 381

Primary Registration District No. 2039

Registrar's No. 40

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Catherine

Length of stay in lb

12 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

R. J. D. #1

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Linn

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

St. Catherine

(If outside, give location)

d. STREET ADDRESS

R. J. D. #1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CECIL

PAUL

BURNS

4. DATE OF DEATH

Month

Day

Year

February 25, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/27/1911

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

9

26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General Farming

11. BIRTHPLACE (City and state or country)

Linn County, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mike Burns

13b. MOTHER'S MAIDEN NAME

Della Jackson

14. NAME OF HUSBAND OR WIFE

Fleta Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Fleta Burns, St. Catherine, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Myocardial Infarction
Coronary Sclerosis
General Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

60 min.

2 yrs

P.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Duodenal ulcer, poorly functioning

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov. 1958

to

Feb 25, 1962

and last saw him alive on

2-25-62

Death occurred at

3:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. C. Smock (Degree or title)

22b. ADDRESS

Brookfield Mo

22c. DATE SIGNED

2-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

Hill Funeral Home

ADDRESS

Brookfield, Missouri

25. DATE RECD. BY LOCAL REG.

2-27-62

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4822

P. O. Address Chillicothe

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.